

Adapt of Missouri
ITCD

Arthur Center
ITCD

Beacon Mental Health
ITCD, DBT

Bootheel Behavioral Health
ITCD, DBT

Burrell Behavioral Health
ACT, ACT-TAY, SPECIALTY
ACT TEAM, ITCD, DBT

BJC Behavioral Health
ACT TAY, ITCD, DBT, ICPR
Non-Residential

Clark Mental Health Center
ITCD

Compass Health
ACT, ACT-TAY, SPECIALTY
ACT TEAMS, ITCD, DBT

Community Counseling Center
DBT, ITCD

Comprehensive Mental Health
Services
ACT-TAY, ITCD

Family Counseling Center
ITCD

Family Guidance Center
ITCD

Hopewell
ITCD, DBT, ICPR Non-
Residential

Independence Center
ITCD

Mark Twain Behavioral Health
ITCD, DBT

Mineral Area
ITCD

New Horizons
ITCD

North Central MHC
ITCD

Ozark Center
ACT, ACT-TAY, ITCD, DBT

Ozarks Healthcare
ITCD

Places for People
ACT, FACT, ITCD, DBT

Preferred Family Healthcare
ACT TAY, ITCD, DBT

ReDiscover
ITCD, DBT

St. Patrick Center
ACT

Swope Health Services
ITCD

University Health
ITCD, DBT

EVIDENCE BASED SERVICES NEWSLETTER

• **ASSERTIVE COMMUNITY TREATMENT (ACT)**

WEB PAGE—CLICK HERE

• **INTEGRATED TREATMENT FOR CO-OCCURRING
DISORDERS (ITCD)**

WEB PAGE—CLICK HERE

• **DIALECTICAL BEHAVIOR THERAPY (DBT)**

WEB PAGE—CLICK HERE

FALL EDITION

2024

Hello from DMH

*By Charie Sands
CCCO Southwest Region*

Greetings and Happy Fall! I recently read a quote that said, "Fall is the evidence that change can be beautiful." Well, change is in the air on the state's Western side. The Northwest and Southwest Division of Behavioral Health (DBH) teams are working diligently to ensure the transitions are beautifully implemented so providers can do business as usual as we restructure.

One of the changes includes my new role as the Chief of Children's Operations (CCCO) in the Southwest Region. I do not take this position for granted, and I recognize the privilege of serving the citizens of Missouri. I began my mental health career in 1997. If I have said it once, I have said it many times (I won't claim a million). My first role within DBH was one of my best jobs. In that position, I was honored to assist and witness individuals thrive in the community after long-term hospitalization. Through that experience, I developed a passion for individuals to have access to mental health services in the least restrictive environments where they can succeed with quality community support in place.

I have also worked for Compass Health and obtained an associate degree, a bachelor's degree in psychology, and a master's degree in Mental Health Counseling. Upon completing my educational dreams, I returned to DBH in 2019. Over the last five years, I have worked on the adult, children, and substance use treatment teams in the western region and the Central Office Fidelity team. I have held multiple responsibilities, including the monitoring of contracted residential treatment providers who serve Missouri young persons with serious mental illness.

As a monitor of clinical programs and a Fidelity Reviewer for Evidence-Based Practices, I have seen firsthand the dedication of providers in delivering high-quality mental health and substance use treatment to individuals in Missouri. I am eager to continue our collaboration and build partnerships to further enhance the excellent work that is already in place. I want to express my heartfelt gratitude for your unwavering commitment to serving, empowering, and supporting Missourians to live their best lives.



To find past issues of the Newsletters go to the DMH web pages at:

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/provider-act>

Or

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/itcd>

Scroll down to “newsletters” and find your archived online copy!

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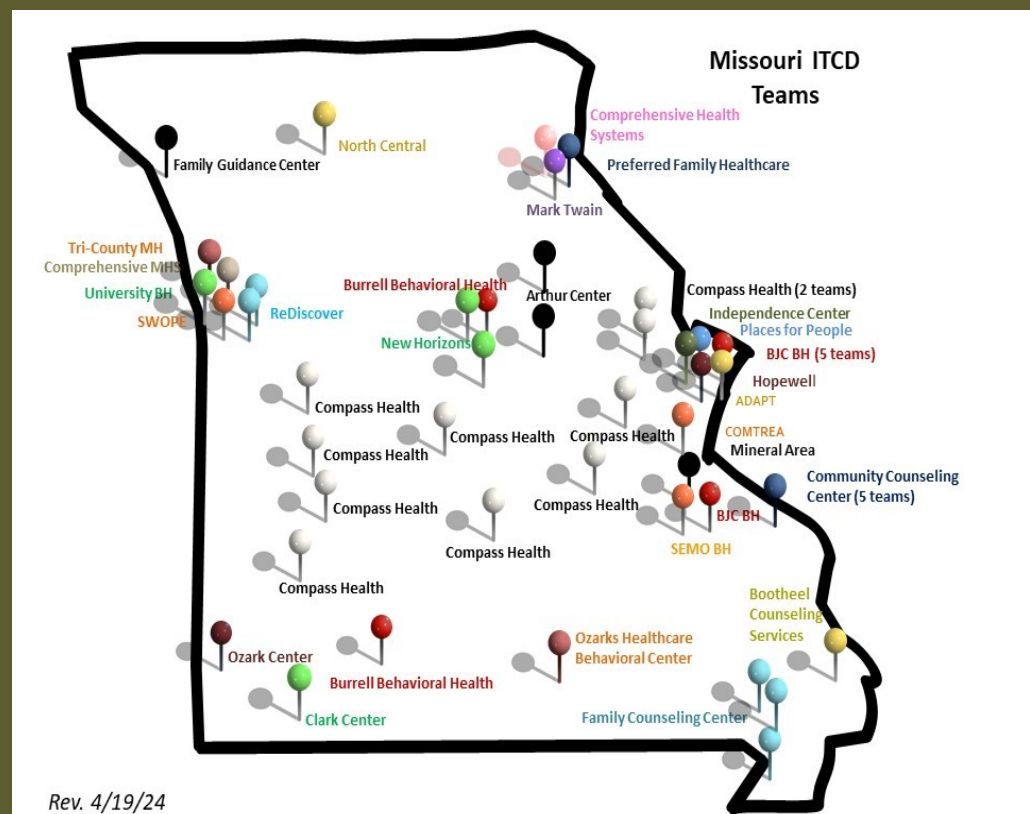
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Rev. 4/19/24

Why be a Peer with Youth Peer Certification on an ACT TAY team? Because they are additionally trained about:

- * Physical/Psychological Safety and Structure - creating a safe group space for everyone. Group agreements, respecting each other's stories, allowing everyone to have time to talk, not pushing others when they are struggling to share their stories, etc.
- * Diversity - making individuality a part of the group conversation.
- * Access to Supportive Relationships—the importance of encouraging social relationships between group members. Creating opportunities for sharing and socializing, using team-based building exercises, and letting members share their stories and interests. Incorporating team building and socializing in groups. Allowing opportunities to share, based on the structure of the program.
- * Opportunities to Serve as Equal Partners—how to promote independence and equality during group. Welcoming group members to introduce new ideas.

Sign up to get your YPS Credential today at <https://missouricb.com/yps-cred-reg/>



Three Cups of Tea!!

For ACT and ITCD Supported Employment Specialists—DMH will present a virtual training on the process of Employer Engagement and Outreach. This will be on November 26th from 10-am to noon, on Webex at

<https://stateofmo.webex.com/meet/sara.gatson>

Sara Gatson, LaShelle Ross and Chad Hinkle will be presenting on this topic including:

- Employer Engagement Strategies
- Developing and Maintaining Employer Relationships

STAFF SPOTLIGHT

By: Jamie Lovingood

I, Jamie Lovingood began working at Burrell Behavior Health to help implement a new program in that agency which was The ACT-TAY program. I really enjoyed implementing this program and providing a much-needed service in the area. After about 2 years of growing this program, I was asked in April 2024 to transition to the ITCD team to help this program meet fidelity standards. Since April, I have served as the ITCD team lead. My focus is ensuring that clients are receiving the trauma-informed care that they deserve as well following fidelity standards to reduce disengagement and help with client success.

What drives my passion in this field is to eliminate stigma so that clients feel they can access care and get the respect and care that they deserve. Since starting as the ITCD team lead, I have assessed and implemented ways to follow fidelity, train staff on trauma informed care, assess client's needs and provide appropriate levels of care for everyone and reduced staff caseloads to ensure quality of care. As a team lead, I provide therapy to some of the clients, supervise my team, and ensure we are following fidelity while providing support for the co-occurring population we serve. Currently, ITCD consists of six case managers, an ITCD specialist and a provider, leaving one position open which is a peer support. The ITCD team meets clients where they are and provides care that coincides with their stages of treatment and stages of change by using harm reduction and motivational interviewing techniques. The ITCD team works together to ensure clients are receiving care for their mental and physical health as well as treat their substance use by connecting and collaborating with other programs within the agency and outside the agency.

I am lucky to not just serve this population but to also work with my staff who are amazing at what they do. The ITCD team is a very close knitted team that currently consists of Taylor Porter, Serlinda Soukon, Hunter Ginavan, Hunter Taylor, Jessica Buxton, Michael Williams, Melody Johnson and provider Faith Clark who all bring their own unique and special talents to this team to help make it successful.



Go Rolla TAY team!

Compass Health Rolla TAY Team
preparing for Halloween Party, Paint
and Mexican food!!

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For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/employment-services>

And click on
“Youth”

**Harvard for
Developing Child**

<https://developingchild.harvard.edu/>

**The National
Child Traumatic
Stress Network**

<https://www.nctsn.org/>

**ITCD Toolkit from
SAMHSA**

[Click Here](#)

Fidelity Corner



New Scale Item for DBT Fidelity Tool

Over the past two years, DBT treatment within the Community Behavioral Health agencies has increased. New programming has been on the rise for both adolescent and adult individuals in need of this important counseling. This is exciting and essential in Missouri. To date, there are 13 different agencies providing treatment under the DBT fidelity model created for Missouri teams.

Most fidelity tools include assessment of the number of individuals receiving treatment as compared to how many would be expected to receive it. This is typically known as a “Penetration Rate” that is based on national averages and expectations for numbers served within a fidelity-based program. These numbers take into account the staff/client ratio and assume the program was started in a location where it is needed within the local community and that stakeholders and local partners will continually refer eligible clients to the program. DBT is no exception and starting in 2025, an additional item in the fidelity monitoring tool will include assessing and scoring the team’s Penetration Rate. It will be the 15th Scale Item, entitled “Penetration”.

Penetration is defined by the program serving the maximum number of eligible clients within their service area. After initial start up of the DBT team to the fidelity model, and receiving a baseline fidelity review, a team should be serving up to 10 clients within the first year of operation. At two years of operation, each clinician should be serving up to 20 clients. All counselor FTE's are combined. Those counselors not full time will have pro-rated calculations for numbers served. (i.e., a counselor who is only .50 FTE would be expected to serve 10 individuals in year two). The score considers all the counselors within the program when multiple counselors are on the team.

Teams can score from “1” to “5” depending on the numbers served at the time the team data is collected. A good plan for teams is to ensure they serve at least 10 individuals in their first year of operation and 20 per clinician in their second year (after a baseline review). Teams send DMH this data on a Team Survey and the Client Data Sheet which clearly notes numbers served and numbers of qualified staff's FTE at the time of review.

Assessing the penetration rate is good fidelity to the model, especially in light of cost effectiveness for treatment delivery, sustainability and growth of DBT teams. Given that DBT requires clinicians to undergo extensive training, and they also must dedicate time to the consultation team and coaching, this ensures that the program is reaching an optimal number of clients in each region.



Online Manuals:

<http://navigateconsultants.org/manuals/>

Find out more about the TMACT Protocol here:

<http://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/>

At the Institute for Best Practices

See our Crisis Services Newsletter:

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/crisis-services>

Be sure to check out our training library links on these web pages under "Training Library" Click one below:

[ACT](#)

[ITCD](#)

[DBT](#)



RESOURCES



Center for Evidence-Based Practices at Case Western Reserve University

<http://www.centerforebp.case.edu/>

Individual Resiliency Training (IRT)

<http://navigateconsultants.org/manuals/>

Copeland Center for Wellness and Recovery

<http://copelandcenter.com/wellness-recovery-action-plan-wrap>

Division of Behavioral Health Employment Services

<https://dmh.mo.gov/mental-illness/employment-services>

IPS Employment Center

<https://ipsworks.org/>

Certified Peer Specialist

<https://dmh.mo.gov/mental-illness/peer-support-services>

SSI/SSDI Outreach, Access and Recovery (SOAR)

<http://soarworks.prainc.com/>

Missouri Department of Mental Health

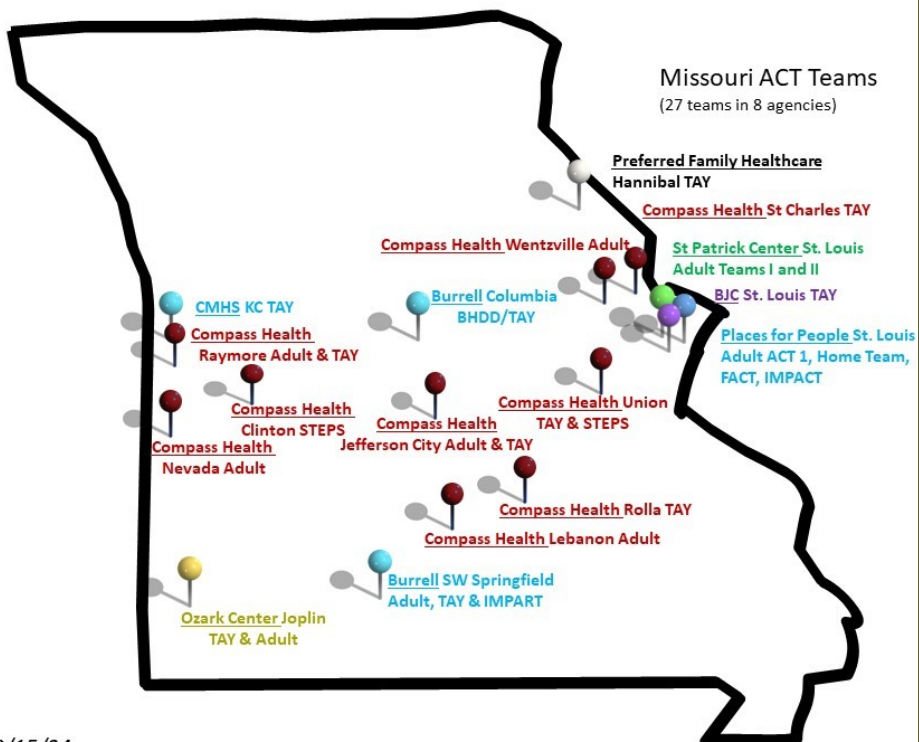
<https://dmh.mo.gov/behavioral-health>

Missouri Children Trauma Network

<https://www.mocn.com/>

Healthy Families of America

<https://www.healthyfamiliesamerica.org/>



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To access the free and downloadable **Supported Housing Toolkit** on the Substance Abuse and Mental Health Services Administration (SAMHSA) website:

[CLICK HERE](#)



Take the free **SOAR** online training course by visiting

<http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training>

ACT Role Training Schedule 2025

2025 Live Webex Role Training Schedule - ACT fidelity teams

Virtual trainings last one hour. All trainings are conducted via Webex platform. This is not a call-in only training, as slides are presented. Reminders are sent to those in each role ahead of time provided we have their email information. Trainings are subject to change in emergent circumstances, but teams will be notified, if possible, ahead of time. Individuals hired shortly after a live training was conducted or for refresher training may view the recorded version of the training by selecting the "ACT Training Library" and choosing the appropriate role training at <https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/provider-act>

Program Assistant - 2:00 p.m. Mondays: **Jan 27th, July 28**
Heather Senevey, presenter heather.senevey@dmh.mo.gov
Webex link to the training: <https://stateofmo.webex.com/join/heather.senevey>

Peer Specialist - 11:00 a.m. Fridays: **Jan 10, April 4, July 11, Oct 3**
Sara Bellew, presenter sara.bellew@dmh.mo.gov
Webex link to the training: <https://stateofmo.webex.com/meet/sara.bellew>

CSS, CS, IHS - 11:00 a.m. Fridays: **Feb 21, May 16, Aug 15, Nov 21**
Lori Long or Bobbi Good, presenters lori.long@dmh.mo.gov
Webex link to the training: <https://stateofmo.webex.com/join/mdnorvl>

RN - 2:00 p.m. Mondays: **Feb 3, May 5, Aug 4, Nov 3**
Sara Bellew, presenter sara.bellew@dmh.mo.gov
Webex link to the training: <https://stateofmo.webex.com/meet/sara.bellew>

Co-Occurring Disorders Specialist - 2:00 p.m. Mondays: **Feb 24, May 19, Aug 25, Nov 24**
Heather Senevey, presenter heather.senevey@dmh.mo.gov
Webex link to the training: <https://stateofmo.webex.com/join/heather.senevey>

Employment & Education Specialist - 2:00 p.m. Mondays: **Mar 17, June 16, Sept 15, Dec 15**
Sara Gatson and LaShelle Ross, presenters sara.gatson@dmh.mo.gov lashelle.ross@dmh.mo.gov
Webex link to the training: <https://stateofmo.webex.com/meet/sara.gatson>

NOTE:
Physician and Team Leader trainings are scheduled individually with Lori Long lori.long@dmh.mo.gov as soon as possible after they are hired on a team. Contact Lori to schedule.

Mental Health Therapist/Counselor trainings are scheduled individually with Erin Hahs erin.hahs@dmh.mo.gov as soon as possible after they are hired on a team. Contact Erin to schedule.

Created 10/10/24

DMH Fidelity Team

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NAMI Support
Group listings can
be found at:

<https://namimissouri.org/support-groups/>



DBT website—information, membership, training events, certification, directory, resources, links and support!

[Click Here](#)



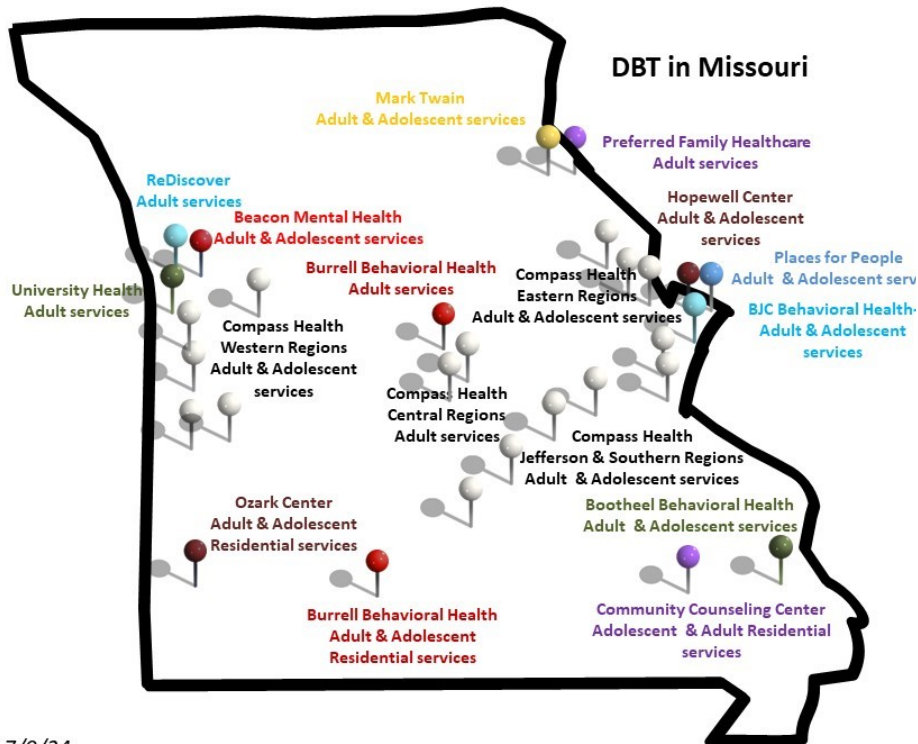
Supporting Excellence in Behavioral Health

60 YEARS

National Association of State
Mental Health Program
Directors

[Click Here](#)

BHIDD: [The Link Center |
ACL Administration for
Community Living](#)



Rev 7/9/24

Congratulations—Preferred Family Health ACT Team!

A few years ago, the idea of converting an ACT Transition Aged Youth (TAY) team to a specialty “combined” or TAY/Adult team was suggested. This type of team could retain individuals who “age out” at 25 from TAY but still need further treatment on an ACT team. Preferred’s ACT team will retain its identity as TAY but also serve adults over age 25 as clinically indicated. They will target maintaining a certain percentage of TAY in addition to adults.

Reasons for a team such as this include boosting the team’s client census, helping staff who are already serving TAY and adults (18-25) learn more about older adult interventions and wellness management strategies such as Illness Management and Recovery (IMR) vs Individual Resiliency Training (IRT). It also affords the team the ability to retain TAY who are aging out but still need ACT vs less intensive services and who have no local ACT adult teams to transfer them to.

The current fidelity model and use of the TMACT Protocol will remain the standard and accommodates this type of team. We support Preferred in this conversion and hope other teams with similar demographics would consider the viability of this change and submit a proposal for consideration.

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If you have any questions about further developing Motivational Interviewing in your practice, feel free to contact Scott Kerby. He has information on free and cost effective products and can help with your Motivational Interviewing needs.

skerbyconsulting@gmail.com



RESPECT is a movement begun by international consultant Joel Slack to help educate the public by telling his personal story of the powerful impact that respect (and disrespect) has on a person recovering from a mental illness.

Find out more here:

<https://dmh.mo.gov/constituent-services/respect-institute>

Motivational Interviewing Corner

By *Scott Kerby*

Reflecting on the recent annual Motivational Interviewing Forum; I wanted to pass along some key nuggets that were shared with MI trainers from all over the world. Bill Miller, MI founder, discussed some of his research into training MI. Though he is (my words, not his) the best MI trainer alive, he discovered some interesting information following up his two day trainings. Attendees raved about how good the training was, and how it helped them build their confidence to use MI in their jobs. When measuring how the training impacted their behaviors, Bill found that it made very little impact on their behaviors--they weren't any better at MI! However, it also made them less likely to attend further MI trainings because they believed they "had it". Bill discovered that his training didn't help people improve, and made it less likely they would keep learning about MI--the exact opposite of our hopes as trainers.

Psychologist David Rosengren followed this with a primer on the cognitive science of learning. Learning is a memory and retrieval process that involves attention, encoding information to short-term memory, consolidating and storing to long-term memory, and retrieval. Unfortunately, we tend to load up MI training, and in best case scenarios our staff might even be lucky enough to get an intensive 2 day training. The problem with this "Massed Practice" is that it tends to do a great job of hitting short-term memory, and a very bad job of learning that gets into long-term memory. This leads to "fluency" instead of mastery. Fluency is the recognition of ideas when they are presented to us, like when someone that had MI 3 years ago can recognize the acronym "OARS" when the concept is discussed. They say, "oh yeah, I learned

about this. I know what OARS are." Mastery, on the other hand, requires us to understand, differentiate, and to be able to use information. It requires repeated efforts to retrieve information and to apply it in ways that require some effort. It seems that most of our training of MI helps people to become familiar with it, increase their confidence in their ability to do it, turn them off to further MI training, and not actually improve their practice of MI.

Rosengren ended with a few ideas on how we can improve the move from fluency to mastery. First, we need to have some "spaced practice". Finding some ways to spread learning out so that our memories have to work as we start to forget information seems to be particularly effective at helping our memories. Secondly, intentional retrieval practice, even low stakes testing, that requires us to pull information from long-term memory is effective at strengthening those neural connections. Lastly, elaboration and reflection practice can help move us towards mastery. Elaboration involves challenging trainees to explain why and how things work, why something might be so. Reflection includes doing practice, and then spending time reflecting on the practice or ideas, rather than just moving on to the next thing.

Join me in thinking creatively about how to modify our training so that we aren't making the same mistake the best trainer in the MI world made---how can we avoid the false confidence of Fluency versus training the humble confidence that comes from Mastery? Until next time, keep reflecting!



Arts & Literature

Expression



Creativity

Send art (photos, photos of artwork, testimonials, poems, etc.) to Lori Long at lori.long@dmh.mo.gov for submission to this newsletter.

Please indicate if the artist wishes to be named along with the location/ team they receive services from.

Thank you!



Springfield ACT TAY clients in E-IMR group focus on “Coping by Using Distraction and Behavioral Activation” led by Angela Goodwin.

